

Nebraska Game and Parks Commission

PLEASE TYPE OR PRINT CLEARLY.

Name _____
(Last) (First) (Initial)

Address _____

City _____ State _____ Zip _____

County of Residence _____ Date of Birth _____

Occupation_____ Last four digits of Social Security Number_____

Phone: (8-5)_____ Evening_____ E-mail_____

Hunter Ed Certification No. _____ State of Issue _____ Year Certified _____

While not required completion of a hunter education certification process is important and will help apprentice instructors with certification.

If you need more space, please use the back or attach a document.

Have you ever been convicted of any wildlife violations? ☐ Yes ☐ No

If yes, what year? _____ What type of violation(s)? _____

Have you ever been convicted of any other criminal violation(s)? ☐ Yes ☐ No

If yes, what year? _____ What type of violation(s)? _____

I am a licensed Hunter in the State of Nebraska and my privilege to hunt has **never** been suspended or revoked by any court. ☐ Yes ☐ No If no give details _____

I have completed the BSA Youth Protection Course and did so on : _____

TITLE VI ASSURANCE AGREEMENT

The undersigned is subject to title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; the Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972, which offer all persons the opportunity to participate in programs or activities regardless of race, color or national origin, age, disability or sex (in educational programs or activities). Further, it is agreed that no individuals will be turned away from or otherwise denied access to or benefit from any program or activity that is directly associated with a program of the Game and Parks Commission on the basis of race, color, national origin, age, disability or sex (in educational programs or activities).

Further, I completely understand that I will be investigated prior to my appointment as an instructor. If appointed, I will contribute the necessary time to meet the training requirements in Nebraska. I accept my responsibility as a Hunter Education Instructor to teach the course of instruction prescribed by Nebraska Statute to those entrusted to me. Further, I will not knowingly certify any person who has not successfully completed the required Hunter Education course.

X

Signature of Applicant

Date _____

RETURN TO:

Hunter Education Coordinator, Nebraska Game and Parks Commission
PO Box 30370 , Lincoln, NE 68503-0370